

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:  
400569943

Date Received:

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 10261 Contact Name: PAUL GOTTLÖB

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION Phone: (720) 420-5700

Address: 730 17TH ST STE 610 Fax: (720) 420-5800

City: DENVER State: CO Zip: 80202

API Number 05-123-37693-00 County: WELD

Well Name: Blehm Well Number: 9-19

Location: QtrQtr: NESE Section: 19 Township: 7N Range: 67W Meridian: 6

Footage at surface: Distance: 1785 feet Direction: FSL Distance: 518 feet Direction: FEL

As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:

Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 01/06/2014 Date TD: 01/10/2014 Date Casing Set or D&A: 01/11/2014

Rig Release Date: 01/12/2014 Per Rule 308A.b.

Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 7216 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7206 TVD\*\* \_\_\_\_\_

Elevations GR 4978 KB 4991 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

Induction, Density, Neutron, Gamma Ray, CBL

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	795	310	0	795	VISU
1ST	7+7/8	4+1/2	11.6	0	7,206	855	2,790	7,206	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,162		NO	NO	
SUSSEX	3,950		NO	NO	
SHANNON	4,280		NO	NO	
NIOBRARA	6,630		NO	NO	
FORT HAYS	6,890		NO	NO	
CODELL	6,940		NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: PAUL GOTTLÖB

Title: CONSULTANT

Date: \_\_\_\_\_

Email: paul.gottlob@iptenergyservices.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400569955	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400569949	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)

